

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: MEADOW HAVEN NORTH (0009656)
Address: 1021 ROCKY RIDGE ROAD, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 06/03/2002
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095650 **End Date:** 09/02/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009458 Served 10/06/2005

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0093234 **End Date:** 08/03/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009322 Served 09/03/2004

Deficiencies Cited
88.07(3)(d)

Subject Area
MEDICATION- WRITTEN ORDER

Compliance
Verified
09/02/2005

Corrected
Yes

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